220

242

PO BOX 208 OCONOMOWOC 53066 Phone: (262) 567-8341 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital?

Number of Beds Set Up and Staffed (12/31/00):

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified?

Average Daily Census:

Non-Profit Church Related Skilled No Yes

226

Total Licensed Bed Capacity (12/31/00): Number of Residents on 12/31/00: 213 ************************************ Age, Sex, and Primary Diagnosis of Residents (12/31/00) Services Provided to Non-Residents Length of Stay (12/31/00) Age Groups Home Health Care No Primary Diagnosis % Less Than 1 Year 31.9 Supp. Home Care-Personal Care No 1 - 4 Years 46. 5 Supp. Home Care-Household Services Developmental Disabilities 0.0 Under 65 2.8 More Than 4 Years 21.6 No Day Services Mental Illness (Org. /Psy) 5. 6 No 31.0 65 - 74 Respite Care No Mental Illness (0ther) 0.9 75 - 84 34.7 100.0 Adult Day Care Alcohol & Other Drug Abuse 0.0 85 - 94 46.9 Yes Adult Day Health Care Para-, Quadra-, Hemi plegi c Full-Time Equivalent No 95 & 0ver 9.9 1.4 Nursing Staff per 100 Residents (12/31/00) Congregate Meals No Cancer 2.8 Home Delivered Meals Fractures 0.9 100.0 Yes Other Meals Cardi ovascul ar 65 & Over 97. 2 Yes 11.7 Transportation No Cerebrovascul ar 16. 4 RNs 11.6 Referral Service No Di abetes 3.8 Sex LPNs 6. 7 Other Services Nursing Assistants Yes Respi ratory 4. 2 Provide Day Programming for Mentally Ill Other Medical Conditions Male 20.7 Aides & Orderlies 43.3 26.8 79.3 No Femal e 100.0 Provi de Day Programming for Developmentally Disabled No 100.0

Method of Reimbursement

| | Medicare (Title 18) | | | | Medicaid (Title 19) | | | 0ther | | | Pri vate Pay | | | Managed Care | | | Percent |
|---------------------|------------------------|-------|----------------|-----|------------------------|-----------|-----|---------|----------------|-----|--------------|----------|--------------|--------------|--------|-------|------------|
| | Per Diem | | | em | Per Dien | | m | Per Die | | m | n Per Dien | | ı Per Diem ' | | | Total | Of All |
| Level of Care | No. | % | Rate | No. | . % | Rate | No. | % | Rate | No. | . % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0.00 | 4 | 2. 9 | \$125.65 | 0 | 0. 0 | \$0.00 | 2 | 2. 7 | \$175.00 | 0 | 0. 0 | \$0.00 | 6 | 2. 8% |
| Skilled Care | 1 | 100.0 | \$203.95 | 107 | 78. 1 | \$106. 11 | 0 | 0.0 | \$0.00 | 73 | 97. 3 | \$165.00 | 0 | 0.0 | \$0.00 | 181 | 85. 0% |
| Intermedi ate | | | | 26 | 19.0 | \$86. 56 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 26 | 12. 2% |
| Limited Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj | | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Depender | it 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 1 | 100.0 | | 137 | 100. 0 | | 0 | 0.0 | | 75 | 100.0 | | 0 | 0.0 | | 213 | 100.0% |

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 8.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 5. 3 Bathi ng 1.4 67. 1 31.5 213 Other Nursing Homes 7. 1 Dressi ng 8. 9 64.3 26.8 213 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 23.0 213 62.7 **55.4** 21.6 54.9 213 1. 2 Toilet Use 15. 0 30.0 6. 5 Eati ng 42. 7 46.0 213 11. 3 ******* Other Locations 8.9 Total Number of Admissions 169 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 1 3. 3 Private Home/No Home Health 9.0 Occ/Freq. Incontinent of Bladder 42.7 0.0 Private Home/With Home Health 17.0 Occ/Freq. Incontinent of Bowel 42.3 0.0 Other Nursing Homes 2. 1 1.4 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 2.7 Mobility 2. 3 Physically Restrained 0.0 8.9 35. 2 0.5 Other Locations 11.7 Skin Care Other Resident Characteristics 4.7 Deaths 56.9 With Pressure Sores Have Advance Directives 84.0 Total Number of Discharges With Rashes Medi cati ons 1.4 188 Receiving Psychoactive Drugs (Including Deaths) 50. 7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

| | | 4. 4. 4. 4. 4. 4. 4. | | | | | | | |
|--|----------|---------------------------------------|-------|--------------|-------|-------------|-------|------------|-------|
| | | Ownership: Nonprofit Peer Group | | Bed Size: | | Li censure: | | | |
| | Thi s | | | 20 | 00+ | Skilled | | Al l | |
| | Facility | | | Peer Group | | Peer Group | | Facilities | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 93. 4 | $9\overset{''}{1}$. 5 | 1. 02 | 80°. 3 | 1. 16 | 81. 9 | 1. 14 | 84. 5 | 1. 10 |
| Current Residents from In-County | 72. 8 | 87. 4 | 0. 83 | 84. 7 | 0. 86 | 85. 6 | 0. 85 | 77. 5 | 0. 94 |
| Admissions from In-County, Still Residing | 32. 5 | 27. 5 | 1. 18 | 28. 9 | 1. 13 | 23. 4 | 1. 39 | 21. 5 | 1.51 |
| Admissions/Average Daily Census | 74. 8 | 115. 2 | 0. 65 | 96. 3 | 0. 78 | 138. 2 | 0. 54 | 124. 3 | 0.60 |
| Discharges/Average Daily Census | 83. 2 | 118. 5 | 0. 70 | 100. 6 | 0.83 | 139. 8 | 0. 59 | 126. 1 | 0. 66 |
| Discharges To Private Residence/Average Daily Census | 21. 7 | 35. 5 | 0.61 | 26. 4 | 0. 82 | 48. 1 | 0. 45 | 49. 9 | 0.43 |
| Residents Receiving Skilled Care | 87. 8 | 89. 5 | 0. 98 | 88. 4 | 0. 99 | 89. 7 | 0. 98 | 83. 3 | 1.05 |
| Residents Aged 65 and Older | 97. 2 | 96. 9 | 1.00 | 90. 4 | 1.08 | 92. 1 | 1.06 | 87. 7 | 1. 11 |
| Title 19 (Medicaid) Funded Residents | 64. 3 | 57. 6 | 1. 12 | 73. 5 | 0. 88 | 65. 5 | 0. 98 | 69. 0 | 0. 93 |
| Private Pay Funded Residents | 35. 2 | 35. 4 | 0. 99 | 18. 7 | 1.88 | 24. 5 | 1.44 | 22. 6 | 1. 56 |
| Developmentally Disabled Residents | 0. 0 | 0. 4 | 0.00 | 1. 2 | 0.00 | 0. 9 | 0.00 | 7. 6 | 0.00 |
| Mentally Ill Residents | 31. 9 | 30. 8 | 1.04 | 33. 1 | 0. 97 | 31. 5 | 1. 02 | 33. 3 | 0. 96 |
| General Medical Service Residents | 26. 8 | 24. 9 | 1. 07 | 20. 6 | 1.30 | 21. 6 | 1. 24 | 18. 4 | 1.45 |
| Impaired ADL (Mean) | 53. 1 | 50. 5 | 1.05 | 52. 0 | 1. 02 | 50. 5 | 1.05 | 49. 4 | 1.08 |
| Psychol ogi cal `Probl ems | 50. 7 | 45. 5 | 1. 11 | 49. 4 | 1.03 | 49. 2 | 1.03 | 50. 1 | 1.01 |
| Nursing Care Required (Mean) | 6. 0 | 6. 6 | 0. 92 | 6.8 | 0. 88 | 7. 0 | 0. 86 | 7. 2 | 0.85 |